


**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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For Official Use Only 	1. FILE NUMBER	2. PERIOD COVERED	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	5 0 9 — 9 5 6	MO DAY YEAR From 0 1 0 1 2 0 0 0 Through 1 2 3 1 2 0 0 0	
PETE MATURINO (2) 509-956 FOOD & COMMERCIAL WKRS AFL-CIO 530 LU 1096 P O BOX 5519 314 RIANDA ST SALINAS, CA 93915 12/2000 [Barcode]		4. MAILING ADDRESS (Type or print in capital letters.) First Name P E T E Last Name M A T U R I N O P.O. Box • Building and Room Number (if any) P. O. B O X 5 5 1 9 Number and Street 3 1 4 R I A N D A S T R E E T City S A L I N A S State ZIP Code + 4 C A 9 3 9 1 5 —	
4. AFFILIATION OR ORGANIZATION NAME UNITED FOOD & COMMERCIAL WORKERS, AFL-CIO & CLC			
5. DESIGNATION (Local, Lodge, etc.) LOCAL		6. DESIGNATION NUMBER 1096	
7. UNIT NAME (if any) N/A			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	<u>See Attachment.</u>

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>Pete Maturino</u> <u>03, 16, 01</u> <u>( 831 ) 758-1066</u> Date      Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>Margarita Castillo</u> <u>03, 16, 01</u> <u>( 831 ) 758-1066</u> Date      Telephone Number	TREASURER (If other title, see instructions.)
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*During the Reporting Period Did Your Organization:*

- |  | Yes | No                                  |
|--|-----|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |     | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              |     | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? .....  |     | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  |     | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  |     | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  |     | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... |     | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  |     | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? ..... 2 3 2 0
19. What is the date of your organization's next regular election of officers? ..... MO YEAR  
0 8 2 0 0 1
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ ..... 1 0 0 0 0 0
21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 18.00-36.25 per month (Month, Year, etc.)
(b) Initiation Fees	\$ 50.00-200.00
(c) Transfer Fees	\$ -0-
(d) Work Permits	\$ N/A per - (Month, Year, etc.)

- |  | Yes | No                                  |
|--|-----|-------------------------------------|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....<br>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) |     | <input checked="" type="checkbox"/> |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? .....  |     | <input checked="" type="checkbox"/> |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? .....  |     | <input checked="" type="checkbox"/> |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 5 0 9 - 9 5 6

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
<b>ASSETS</b>	25. Cash .....		5 7 9 9 6	7 1 6 0 5
	26. Accounts Receivable .....		0	0
	27. Loans Receivable .....	1	0	0
	28. U.S. Treasury Securities .....		0	0
	29. Investments .....	2	0	0
	30. Fixed Assets .....	5	2 1 2 8 0	1 2 3 3 7
	31. Other Assets .....	3	0	0
	32. TOTAL ASSETS .....		7 9 2 7 6	8 3 9 4 2
<b>LIABILITIES</b>	33. Accounts Payable .....		0	0
	34. Loans Payable .....	8	2 8 3 0 8 8	1 6 3 0 8 8
	35. Mortgages Payable .....		0	0
	36. Other Liabilities .....	4	3 8 2 5 7 0	3 8 0 8 7 3
	37. TOTAL LIABILITIES .....		6 6 5 6 5 8	5 4 3 9 6 1
	38. NET ASSETS (Item 32 less Item 37) .....		5 8 6 3 8 2	4 6 0 0 1 9

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 5 0 9 — 9 5 6

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues .....			5 6 9 1 6 7	56. To Officers .....	9		5 6 7 8 7
40. Per Capita Tax .....			0	57. To Employees .....	10		9 6 6 0 0
41. Fees .....			5 3 0 3 3	58. Per Capita Tax .....			2 0 8 1 8 9
42. Fines .....			0	59. Fees, Fines, Assessments, etc. ....			0
43. Assessments .....			0	60. Office & Administrative Expense ....	13		5 9 1 6 3
44. Work Permits .....			0	61. Educational & Publicity Expense ...			0
45. Sale of Supplies .....			0	62. Professional Fees .....			2 9 8 5 6
46. Interest .....			6 9 7	63. Benefits .....	11		4 3 6 9 7
47. Dividends .....			0	64. Contributions, Gifts & Grants .....	12		6 4 8 6
48. Rents .....			3 0 0 0	65. Supplies for Resale .....			0
49. Sale of Investments & Fixed Assets .....	6		0	66. Direct Taxes .....			1 4 7 4 4
50. Loans Obtained .....	8		0	67. Withholding Taxes .....			4 2 0 2 5
51. Repayments of Loans Made .....	1		0	68. Purchase of Investments & Fixed Assets .....	7		7 2 0 9
52. On Behalf of Affiliates for Transmittal to Them .....			0	69. Loans Made .....	1		0
53. From Members for Disbursement on Their Behalf .....			0	70. Repayment of Loans Obtained .....	8		1 2 0 0 0 0
54. Other Receipts .....	14		1 2 9 9 8 5	71. To Affiliates of Funds Collected on Their Behalf .....			0
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements .....	15		5 7 5 1 7
55. TOTAL RECEIPTS .....			7 5 5 8 8 2	74. TOTAL DISBURSEMENTS .....			7 4 2 2 7 3

FILE NUMBER: 5 0 9 - 9 5 6

## **SCHEDULE 1 — LOANS RECEIVABLE**

Form LM-2 (Revised 2000)

## SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	N/A
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 5 0 9 - 9 5 6

## SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. N/A	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in ..... Item 31, Column (B)	

## SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. International Per Capita	20,200
2. Unfunded Pension Liability	360,673
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	3 8 0 8 7 3
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 5 0 9 - 9 5 6

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	21,280	8,943	12,337	12,337
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			1 2 3 3 7	
Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)				

# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. N/A				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales 0	
Enter the Total from Line 8 in ..... Item 49				

# **SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS**

FILE NUMBER: 5 0 9 - 9 5 6

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Conference tables (4)	172	172	172
2. Cell telephone	166	166	166
3. Desk printer	695	695	695
4. Copier & Duplicator (Payments)	6,176	6,176	6,176
5. Totals from additional pages (if any)	0	0	0
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		0
	8. Net Purchases		7 2 0 9
Enter the Total from Line 8 in ..... <span style="float: right;">↑ Item 68</span>			

# **SCHEDULE 8 — LOANS PAYABLE**

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. International Union	283,088	0	120,000	0	163,088
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	2 8 3 0 8 8	0	1 2 0 0 0 0	0	1 6 3 0 8 8
<div style="display: flex; justify-content: space-between;"> <span>Enter the Totals from Line 6 in ..... <span style="float: right;">↑ Item 34 Column (C)</span></span> <span>..... <span style="float: right;">↑ Item 50</span></span> <span>..... <span style="float: right;">↑ Item 70</span></span> <span>..... <span style="float: right;">↑ Item 75 with Explanation</span></span> <span>..... <span style="float: right;">↑ Item 34 Column (D)</span></span> </div>					

# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 0 9 - 9 5 6

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. M A T U R I N O P E T E Last Name First Name Title P R E S I D E N T Status C		4 5 0 8 0	5 4 0 0	1 0 8 8 1	0	6 1 3 6 1
2. C A S T I L L O M A R G A R I Last Name First Name Title S E C R E T A R Y T R E A S Status C		0	5 5 0	5 9 6	0	1 1 4 6
3. N U N E Z M A N U E L Last Name First Name Title V I C E P R E S I D E N T Status C		0	5 5 0	1 0 2	0	6 5 2
4. S P E N C E A N S O N Last Name First Name Title V I C E P R E S I D E N T Status C		0	5 0 0	0	0	5 0 0
5. O S U N A A L B E R T Last Name First Name Title V I C E P R E S I D E N T Status N		0	3 0 0	1 4 0 7	0	1 7 0 7
6. C U R E N O R O S A L I N Last Name First Name Title V I C E P R E S I D E N T Status N		0	5 0	0	0	5 0
7. T O R R E S E N R I Q U E Last Name First Name Title V I C E P R E S I D E N T Status P		0	2 5 0	0	0	2 5 0
8. Totals from additional pages (if any)		0	3 5 0	0	0	3 5 0
9. Totals of Lines 1 through 8		4 5 0 8 0	7 9 5 0	1 2 9 8 6	0	6 6 0 1 6
				10. Less Deductions 9 2 2 9		
Enter the Total from Line 11 in ..... Item 56 ➞				11. Net Disbursements 5 6 7 8 7		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 0 9 - 9 5 6

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name: G A R C I A First Name: D E L L A Position: O F F I C E M A N A G E R Name of Affiliated Organization:	3 3 8 1 0	5 4 0 0	3 1 7 9	0	4 2 3 8 9
2. Last Name: B O U D E R First Name: M A R Y Position: B O O K K E E P E R Name of Affiliated Organization:	3 4 6 1 6	0	5 4		3 4 6 7 0
3. Last Name: J I M E N E Z First Name: C H R I S T I Position: R E C E P T I O N I S T Name of Affiliated Organization:	1 8 6 5 9	0	0	0	1 8 6 5 9
4. Last Name: C E R V A N T E S First Name: J U A N Position: U N I O N R E P R E S E N T A Name of Affiliated Organization:	2 9 3 1 4	5 4 0 0	4 0 6 0	0	3 8 7 7 4
5. Last Name: First Name: Position: Name of Affiliated Organization:					
6. Totals from additional pages (if any) N / A					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	5 0 0 5	1 3 5 0	2 4 9	0	6 6 0 4
8. Totals of Lines 1 through 7	1 2 1 4 0 4	1 2 1 5 0	7 5 4 2	0	1 4 1 0 9 6
9. Less Deductions			4 4 4 9 6		
Enter the Total from Line 10 in..... Item 57 ⇒			10. Net Disbursements 9 6 6 0 0		

# **SCHEDULE 11 — BENEFITS**

FILE NUMBER: 5 0 9 - 9 5 6

Description (A)	To Whom Paid (B)	Amount (C)
1. Member's Life Insurance	Bankers Life & Casualty Co.	12,330
2. Health & Welfare Medical	Retail Clerks	25,048
3. UFCW International Pension	United Food & Commercial Workers	6,223
4. Employee Life Insurance	Pan American Underwriters, Inc	96
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		4 3 6 9 7
Enter the Total from Line 6 .....		↑ Item 63

# **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. Salinas Youth Groups	800
2. Community Charities	529
3. Local Political(Educ/Candidates)	800
4. UFCW Labor Organizations	4,357
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	6 4 8 6
Enter the Total from Line 8 in ..... ↑ Item 64	

Form LM-2 (Revised 2000)


2 - 11

# **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**


Description (A)	Amount (B)
1. Bonding	215
2. Rent	29,000
3. Utilities	2,806
4. Insurance	677
5. Workman's Compensation	2,599
6. Office Supplies	10,768
7. Total from additional pages (if any)	13,098
8. Total of Lines 1 through 7	5 9 1 6 3
Enter the Total from Line 8 in ..... ↑ Item 60	

Page 11 of 12

**SCHEDULE 14 —  
OTHER RECEIPTS**

Description (A)	Amount (B)
1. International	128,435
2. Refund/Reimbursements	40
3. Union Caps	227
4. U. S. Treasury	1,000
5. Life Insurance	283
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 2 9 9 8 5
Enter the Total from Line 17 in .....  Item 54	

**SCHEDULE 15 —  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Subscriptions	159
2. Dues Refunds	2,064
3. Settlement WGPT	27,000
4. Property Taxes	135
5. Garnishments	10,322
6. Union Dues	1,260
7. Contract Labor	16,065
8. Settlement Grievance	500
9. Bank Charges	12
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	5 7 5 1 7
Enter the Total from Line 17 in .....  Item 73	

ORGANIZATION NAME  
UNITED FOOD & COMMERCIAL WORKERS, AFL-CIO & CLC

FILE NUMBER: 5 0 9 - 9 5 6

ENDING DATE OF PERIOD COVERED  
01/01/00 through 12/31/00

PAGE 1 OF 1 ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name D E S A L E S	First Name J O S E P H	0	3 5 0	0	0	3 5 0
Title V I C E P R E S I D E N T	Status P					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Totals		0	3 5 0	0	0	3 5 0

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: 5 0 9 - 9 5 6

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						

UNITED FOOD AND COMMERCIAL WORKERS

Local No. 1096

Salinas, California

FYE 12/31/00

File No. 509-956

**Lines 5 and 6, Schedule 9 -- All Officers and Disbursements to Officers**

Status Code for Column (C): "N", New appointments  
installed per meeting of the Union Executive Board, unanimously approved.

**Lines 7 and 8, Schedule 9 -- All Officers and Disbursements to Officers**

Status Code for Column (C): "P", Voluntary resignation of officers.

**Line 60 - Schedule 13 -- Office and Administrative Expense**

Office Maintenance	825
Telephone	7777
Postage	1720
Auto Expense	1026
Printing	1750
<hr/>	
	<b>13098</b>

